

<b>Case Number:</b>	CM14-0041372		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/08/2011
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records, presented for review, indicate that this 31-year-old male was reportedly injured on February 8, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 21, 2014, indicated that there were ongoing complaints of low back pain. The injured employee was noted to be two years out after his microdiscectomy. The physical examination demonstrated a steady gait pattern, lumbar tenderness to palpation, mild muscle atrophy and residual weakness in the left extensor houses longus. Diagnostic imaging studies were not presented for review. Previous treatment included microdiscectomy, physical therapy, multiple medications and clearance to return to work full duty. A request was made for massage therapy and was not certified in the per-authorization process on March 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Massage Therapy x 6 Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 60.

**Decision rationale:** When noting the date of injury, the date of the surgical intervention, the findings identified on physical examination of the last several months and by the parameters outlined in the California Medical Treatment Utilization Schedule (MTUS), such interventions are limited to the acute phase or just after surgical intervention. It was noted that surgical intervention was completed more than two years ago, and injection therapy supported the completion. As such, the medical necessity for such interventions has not been established in the progress note presented for review.